

**CITY OF CHICAGO
EMPLOYEE/VOLUNTEER/APPLICANT
REQUEST FOR REASONABLE ACCOMMODATION**

This form is to be completed by a City of Chicago employee, volunteer, or applicant who is requesting a reasonable accommodation for a disability. If additional space is needed to fully answer a question, please attach a separate sheet of paper. Please sign and date all pages attached to this form.

If you need assistance completing this form or with any part of the reasonable accommodation process, please contact the City of Chicago Department of Human Resources at (312) 744-4969 (voice) or (312) 744-5035 (TTY).

When complete, this form may be submitted to your departmental Disability Liaison or to the City of Chicago Disability Officer. Please keep a copy for your records.

Although the City of Chicago must protect the confidentiality of medical information of its employees and applicants, please note that medical information in this form, which is needed by the City of Chicago, to carry out its obligations under the Americans with Disabilities Act, as amended, is not considered "protected health information" under the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations.

The information we are seeking relates only to any condition you may have that affects your ability to perform your essential job functions or access job benefits. Please note that the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you and your medical provider not provide any genetic information when responding to this request for medical information.

EMPLOYEE/VOLUNTEER/APPLICANT INFORMATION

Name:		Employee ID:
Home Phone:	Work Phone:	
Job Title or Position Applying To:		
Department:	Email Address:	

QUESTIONS TO DOCUMENT THE REASON FOR THE REQUEST

Please identify and describe the physical or mental impairment(s) for which you are seeking this accommodation.

Does your impairment affect you while you are at work? If so, please explain how. If you have difficulty performing some aspect of your job, please be as specific as possible in identifying the job function and explaining how your impairment affects performance of that function.

For Disability Office Use Only

File Number: _____

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Does your impairment affect some other aspect of your employment with the City of Chicago (for example, your ability to participate in the employment application process, to attend training or to access a facility)? If so, please explain how.

QUESTIONS TO CLAIRFY THE ACCOMMODATION REQUEST

What specific accommodation are you requesting? Please describe in detail. If you are requesting that an item be purchased for your use as an accommodation, please provide any additional information that may help us to identify an appropriate item.

Are you requesting the above-identified accommodation on a permanent or temporary basis? If temporary, how long do you anticipate you will need this accommodation?

How will the accommodation that you are requesting assist you?

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If you are not sure what accommodation is needed, do you have any suggestions about options we can explore? If yes, please explain.

Have you been granted any accommodations in the past for this impairment? If yes, please identify the accommodations granted and state how effective they were.

Please provide any other additional information that might be useful in processing your accommodation.

By signing below, I attest that the information provided in this document is true and accurate to the best of my knowledge.

Employee/Volunteer/Applicant Signature:

Date: